



CRS Parent Connection

Volume 12, Number 1



Spring 2004

Meet Monica Jackson, CRS Parent Consultant

Hello, my name is Monica Jackson. I am the parent consultant in the Montgomery district office for Children's Rehabilitation Service (CRS). I have been in this position for two years. Previously, I was employed as the office manager for East Alabama Medical Center Psychiatric Division in Opelika, Alabama. As fate would have it, an opportunity for employment became available with CRS. This afforded me the opportunity to move back to my hometown of Montgomery.

I have four lovely, energetic children, Lashun 14, Robert 8, Brandon 6 and Daron 1. My daughter, Lashun, was born with hydrocephalus and had a shunt placement when she was two days old to help with proper drainage of her spinal fluid. As a result of the hydrocephalus, Lashun developed seizures as well as a learning disability. Her first year of life was very difficult for my family. We had to learn to deal with a new infant with multiple medical problems. As an infant, Lashun received services through the Early Intervention System and the Hope Project. At age 3, she began to receive services through special education with the Montgomery County school system. Through it all, my daughter has weathered the storm quite well. Presently, Lashun is a seventh grader attending Brewbaker Jr. High School in Montgomery where she is enrolled in a regular classroom with special assistance.

It is truly a blessing to work at CRS. I never dreamed that I would be working for such a warm and caring agency that gives me the opportunity to advocate for the needs of families of children with special health care

needs. As parent consultant, I have the opportunity to accompany parents to IEP meetings, locate resource information, and train staff and families on family centered care issues. I also have the opportunity to facilitate change with other agencies and make home visits with other agency staff to help resolve health and social concerns.



I am the liaison for the Local Parent Advisory Committee (LPAC) and represent Montgomery CRS parents at the District Coordinating Council (DCC) meetings. The Local Parent Advisory Committee is open to all parents of children with special needs,

including those who are not enrolled with CRS. I invite those parents living in the Montgomery CRS district to stop by our local office or contact me at (334) 613-3521. Remember, when you need someone to talk to, I am here to listen. Please join the other parents and me in the LPAC and allow us to learn from you. I look forward to hearing from you real soon! God Bless.

Monica Jackson
Montgomery CRS
mjackson@rehab.state.al.us

Inside....

OT Program Specialist Joins CRS Staff
Family Voices
What is a Medical Home?

p. 3
p. 4
p. 5

Vote 2004
Let's YAC About It
Early Childhood Speech Patterns

p. 5
p. 6
p. 9



CRS Parent Connection

Editor: Susan Colburn
State Parent Consultant

Layout & Design: Joann Brothers
Resource Assistant

Contributing Writers: Monica Jackson
Julie Preskitt
Dr. Mary Ann Pass
Dennis Shows
Jennifer Thomas
Kathie Basten

Address Inquiries To:
Susan Colburn
Children's Rehabilitation Service
2129 East South Boulevard
Montgomery, AL 36116
Phone: (800)846-3697
(334)613-2284
Fax: (334)613-3553
E-Mail: scolburn@rehab.state.al.us

Parent Connection is a complimentary newsletter published by Children's Rehabilitation Service for families of children with special health care needs. The goal of this newsletter is to increase communication and share information about children with special health care needs and their families. The newsletter reflects a family-centered theme throughout and serves as a forum for family members to share information, thoughts, feelings, concerns, etc. Nothing printed or implied in this publication constitutes an endorsement by the Alabama Department of Rehabilitation Services.

This material is available in alternate formats upon request. Alternate formats include braille, large print or audio tape and may be obtained by calling the phone numbers listed above.

In the provision of services and employment practices, the Alabama Department of Rehabilitation Services does not discriminate on the basis of sex, creed, national origin, religion, race, age or disability.



From The Director's Chair



Hello, Everyone!

I hope you and your family are doing well and have recovered from the holidays. I was able to settle back into my routine pretty quickly this year, but I definitely haven't recovered quickly! Last year was difficult because of the fallout from the state's financial crisis. I know everyone is weary of worrying about what is true and what will finally happen. I know I am! Instead, I want to focus on a few of the many things that make me feel good about the future of CRS.

We all have days when things go well, but we also have days when things don't go well. Even on "not so great" days I always know that what we do at CRS makes a positive difference in the lives of the families we serve. I also know that the partnership with our families is one of the greatest assets we have at CRS. This partnership will keep us strong and help us move forward—even in tough times. I feel good about that!

Another source of optimism is our staff, which works tirelessly to serve families and provide quality services even in trying times. I continue to ask the CRS staff to do more with less and to make changes from doing "business as usual." They realize that the additional work and changes in routine are part of our efforts to continue to provide the same level of service to our families. I see the dedication of the CRS staff everyday and I am proud of each one of them! I feel good about that!

I also want you to know that in an effort to continue our same level of service, CRS is working hard to access all appropriate sources of funds aside from our state and federal dollars. In addition, we are working hard to identify ways to provide services in more efficient and cost-effective ways, and to identify and correct service gaps between any of our local offices. We want to ensure that we provide all families with the same service opportunities no matter where they are in Alabama. I hope you feel good about that—I do!

I feel good about all of these things! Though not typical of most of what we are reading and hearing in the news lately concerning state government and state agencies, they are true! What better message could we possibly send to the Governor, legislators, policy makers and taxpayers as the state's budget process begins for next year? I feel good about that!

Until next time!
Cary Boswell



OT Program Specialist Joins CRS Staff

Hello Everyone. I would like to introduce myself as a new member of the Children's Rehabilitation Service team. Prior to joining CRS, I worked in the outpatient PT/OT department at The Children's Health System in Birmingham. I also was a therapist in UAB's high-risk Newborn Follow-Up Clinic. In my clinical practice, I have had experience with medically-fragile, extremely premature infants, developmental complications, cerebral palsy, brachial plexus injury, assistive technology, feeding problems, spinal cord injury, traumatic brain injury and early intervention. My new role at CRS is to serve as the occupational therapy program specialist. I have been visiting CRS districts, meeting staff and talking with OT vendors to provide technical assistance and help plan for the future. I am looking forward

to playing a role in continuing to provide the high quality services offered by CRS. Please don't hesitate to contact me if I can help you in any way. I am located in the State Office in Montgomery, 1-800-441-7607.

Julie Preskitt, Occupational Therapy Program Specialist

What Is Occupational Therapy?

Occupational therapy (OT) is a health profession that helps persons whose lives have been affected by illness or injury. People who can benefit from occupational therapy range from the tiniest of newborn infants to senior citizens.

More than one fourth of the OT practitioners in the United States work in school systems, where they help children pursue the "occupation" of learning, playing and growing (eg, mastering handwriting, a skill necessary for the "job" of student). But occupational therapy also helps children with conditions such as autism, cerebral palsy, Down's syndrome, mental retardation, spina bifida, attention deficit hyperactivity disorder and many other health problems. OT can help children with hand skills, visual-processing skills, sensory processing skills, self-care or daily living skills, feeding advancement and development of motor skills.

Premature infants with health problems also benefit from occupational therapy. A baby's "occupations" are to simply eat and grow. If developmental complications cause feeding problems, a pediatric OT can often provide treatments that improve the baby's ability to take in nourishment.

Occupational therapy helps injured workers return to the job and teaches employees how to prevent injuries at work. Older persons have a variety of health problems that can be helped by occupational therapy, assisting them to be as independent and safe as possible.

The historical roots of occupational therapy in America began in the early twentieth century, when it was found that "purposeful occupations" such as crafts helped patients recover more swiftly from injuries and illness, both physical and mental. Thus it was that occupational therapy derived its name. Today, there are more than 100,000 occupational therapists and occupational therapy assistants practicing in the United States, helping people master the "skills for the job of living!"

News From Alabama Medicaid Agency

Changes to Patient First

Effective February 29, 2004, the Patient First Program will be terminated. Medicaid recipients will no longer be assigned to Primary Medical Providers (PMPs) effective March 1, 2004.

All people now on Patient First will go back on the regular Medicaid Program. The termination of Patient First does not affect recipient benefit limits. The main change is that recipients will not have a Patient First doctor. Beginning March 1, 2004, recipients can go to any doctor who will take their Medicaid.

The Medicaid Agency has posted information about the Patient First termination on their web site at www.medicaid.state.al.us to assist with the transition from Patient First. If you have any questions, please call the agency's customer service unit at 1-800-362-1504.

Medicaid Commissioner Appointed

Governor Bob Riley announced Carol Herrmann as the new Medicaid Commissioner. Ms. Herrmann served as director of the state's Medicaid agency from 1988-1992. During her term as Alabama Medicaid director, Herrmann established the Office of Maternal and Child Health and implemented the Healthy Beginnings program. Herrmann has worked with Medicaid on both state and national levels in a variety of positions with the Health Care Financing Administration (HCFA) (renamed the Center for Medicare and Medicaid Services in 2001).

"Carol Herrmann can hit the ground running," Governor Riley said. "Medicaid continues to be our biggest challenge. We have seen growth in the program from \$200 million to \$400 million in just over two years. Carol brings the unique skill set to develop innovative solutions to a very complicated and complex set of problems."



News from Family Voices of Alabama

Family Voices of Alabama has just completed a three-year project with funding from the Alabama Council on Developmental Disabilities (ACDD). The Family to Family Health Information Network project workgroup identified barriers to quality healthcare services for Alabamians with developmental disabilities. They then developed an action plan to address these barriers and formed action groups to work in each area. The groups are working on the following issues:

1. Lack of insurance (including Medicaid) coverage for mental health services, assistive technology, therapy services, caregiver assistance, etc.
2. Lack of Medicaid coverage for persons over 21 years old
3. Lack of knowledge of local resources by physicians and other health professionals
4. Lack of insurance
5. Lack of good networking opportunities among parents of children with special needs
6. Lack of legislators' awareness of healthcare issues
7. Lack of transportation resources
8. Lack of state resources

The ACDD has awarded a new grant to Family Voices of Alabama to continue work on this project for another three years. The first activity under the new project was to send a Valentine card to each member of the Alabama State Legislature reminding them to "Have a Heart" for people with disabilities and special health care needs. One additional focus will be to increase the membership on the workgroup known as the Family to Family Health Information Council. With more members will come more ideas and actions to address the barriers identified above. If you or someone you know would like to join this group, please contact Family Voices of Alabama state coordinators Susan Colburn (334-613-2284, scolburn@rehab.state.al.us) or Jerry Oveson (251-438-1609, oveson@bellsouth.net). Supports are available for members to attend meetings and participate in approved activities of the project.

Family Opportunity Act

The Family Opportunity Act (FOA) is still alive, but it needs help from families and friends of children and youth with special health care needs.

The Family Opportunity Act (HR 1811/S 622) continues to struggle to stay alive in Congress. Somehow, year after year, this legislation continues to have a chance in Congress in spite of considerable odds. The FOA provides for a Medicaid buy-in option for states to use to help middle-income families of children with special health care needs. It also provides Family-to-Family Health Information centers in every state, and home and community-based services for families of children with mental health problems as their primary diagnosis. Families need this legislation! Currently, there is a chance for the FOA to get passed in the House.

How can families and friends of children and youth with special health care needs help this legislation right now? Call all of the Representatives from Alabama. Ask them to support the FOA (HR 1811). Then, if they are supporting the bill, ask them to call Congressman Pete Sessions (R-TX) and ask him to get the FOA passed as soon as possible.

If you have any questions, please call the Family Voices Policy Team: Julie Beckett (waivermom@earthlink.net; 319-365-0227) or Janis Connallon (jrcon@starpower.net; 202-537-6046).

Janis Lambert Connallon, Policy Coordinator
Family Voices-Washington, DC
www.familyvoices.org

Do you need help paying for respite care?

The Arc of Alabama still has funds left from their 2003 respite program. If you would like to apply, contact The Arc at 334-262-7688 between 8:00 a.m. and 4:30 p.m., Monday through Friday.

What Is A Medical Home?

A medical home is not a building, house or hospital, but rather an approach to providing health care services in a high-quality, cost-effective manner. Children and their families who have a medical home receive the care they need from a pediatric health care professional whom they trust. The pediatric health care professionals and parents act as partners to identify and access all the medical and non-medical services needed to help children and their families achieve their maximum potential.

The American Academy of Pediatrics believes that all children should have a medical home where care is:

Accessible

- Care is provided in the child's community
- All insurance, including Medicaid, is accepted and changes are accommodated

Family-Centered

- Recognition that the family is the principal caregiver and the center of strength and support for children
- Unbiased and complete information is shared on an ongoing basis

Continuous

- Same primary pediatric health care professionals are available from infancy through adolescence
- Assistance with transitions (to school, home, adult services) is provided

Comprehensive

- Health care is available 24 hours a day, 7 days a week
- Preventive, primary and tertiary care needs are addressed

Coordinated

- Families are linked to support, educational and community-based services
- Information is centralized

Compassionate

- Concern for well-being of child and family is expressed and demonstrated

Culturally Effective

- Family's cultural background is recognized, valued and respected

The ideal source of a child's medical home is a primary care pediatrician working in partnership with the child's parents. For children with special needs, it may be best for a pediatric subspecialist to coordinate care with the child's primary care pediatrician and parents to provide a medical home. For children who live in areas where it is not possible to meet with a pediatrician directly, the optimal medical home is provided by another pediatric health care professional who consults with a pediatrician as needed.

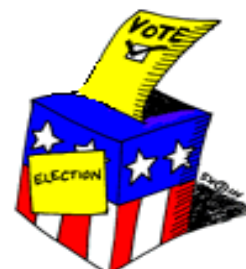
American Academy of Pediatrics

Medical Home Grant

The Alabama Chapter of the American Academy of Pediatrics (AAP) has submitted a grant to promote medical homes in five pediatric practices in Alabama. This is in keeping with the initiative by the chapter president, Dr. Marsha Raulerson, to promote medical homes for all children. Dr. Theresa Bolus, Birmingham was the project officer for the grant proposal. Other participating practices include Dr. Cartwright, Madison; Dr. Cruess, Clanton; Dr. Holloway, Montgomery and Dr. Blancher, Mobile. Much of the planning for the grant arose from the CRS 2010 "medical home" objective meetings. Betty Glasscock, who formerly was the state consultant for CRS social work, has agreed to work two days a week to facilitate medical home development. According to the grant vision, practices would undergo a needs assessment, then decide to either employ a parent or a social worker, depending on available resources. We hope to work closely with CRS to coordinate services for children.

Dr. Mary Ann Pass, CRS Medical Consultant

Vote 2004



Power of the Disability Vote

Voting and political participation are essential privileges of community membership. The policies developed and implemented by those we elect impact us every day. To learn more about Power of the Disability Vote, contact Judy Roy.

Power of the Disability Vote Campaign 2004

Judy Roy, Birmingham Independent Living Center

206 13th Street S., Birmingham, AL 35233-1317

(205) 251-2223 ext. 102, bhamilc@bellsouth.net

Presidential Candidates

How do the candidates stand on disability issues? Two web sites are available to give you access to the platforms of the major candidates. They are www.nod.org and www.aapd.com.

Rock the Vote

Rock the Vote is a non-profit, non-partisan organization that engages youth in the political process. Rock the Vote coordinates various activities to ensure that young people take advantage of their right to vote. Learn more at their web site, www.rockthevote.com.



Let's YAC About It

From the Pen of the Youth Consultant

Hello again! I have so many exciting things to share with you. To begin, it is an honor to announce that I have been chosen to serve on the Kids As Self Advocates (KASA) Board. KASA is a national organization and project of Family Voices which is geared toward youth with disabilities. KASA focuses on self-advocacy in all areas of life. The board consists of approximately 10 members who work together to get information out to the other KASA members and promote youth-related issues. On January 8-11, 2004 I attended my first board meeting with KASA. It was a great experience! I am hoping that my involvement with KASA will provide me with knowledge and new skills that can be used to further enhance the CRS Youth Advisory Committee. I am very thankful that Children's Rehabilitation Service has graciously supported me in this endeavor.

It is also a pleasure to "yac" with you about the CRS Youth Advisory Committee (YAC). The committee met on January 2, 2004 at the Adam's Mark Hotel in Mobile, AL. Our new members, who completed the Youth Leadership Forum this past summer, were introduced

at this meeting. The new members are as follows: Stacy Brock, Fort Payne; Brinkley Fuller, Midfield; Jessica McGrew, Chatom; and Andy Phelps, Mobile. All of the YAC members are very excited about their joining our organization and look forward to working with them in the future.

During the meeting, the YAC members provided Mrs. Linda Graham, CRS state adolescent coordinator, and me with excellent feedback about transition planning within Children's Rehabilitation Service. Additionally, Sheryl Matney facilitated a Resume Building Seminar, showing the YAC how to use their skills and abilities to prepare a catchy resume that would appeal to a potential employer. To top it all off, members were afforded the opportunity to mingle and get to know each other better while "ringing in the New Year" at our New Years Party. While there, members had fun as they "YAC'd" the night away. Great things have been happening with youth and CRS, and I am glad to be a part of it.

**Jennifer Thomas,
Youth Consultant**



YAC members celebrate the New Year.

YAC...

YAC...

YAC...



YLF News

The deadline for applications for the Alabama Governor's Youth Leadership Forum was February 20, 2004. We hope many CRS youth will be a part of this week-long leadership training in Troy, June 6-10.

If you want to know more about YLF, please talk with a local CRS worker or contact Jennifer Thomas or Mrs. Linda Graham, State Adolescent Coordinator, at 1-800-441-7607.



2010 Transition Workgroup

2010 Goal 6: "All youth with special health care needs will receive the services necessary to make transitions to all aspects of adult life, including adult health care, work and independence."

The Transition Workgroup has formed three subgroups to help in working toward Goal 6. The three subgroups and their action steps are:

Independence Subgroup: Promote independence as it relates to the individual by empowering children and youth with special health care needs to achieve life goals.

Employment Subgroup: Increase employment outcomes for youth with special health care needs.

Health Care Subgroup: Increase availability and access to all health care services needed as children become adults.

There are many factors that matter to the transition of youth to all aspects of adult life. If there is an issue you would like to see addressed and included in our plan, please let us know. Also, any youth interested in serving

Resources Resources Resources

For this issue, we decided to focus on resources for individuals who are deaf or hard of hearing. Did you know that the Alabama Department of Rehabilitation Services (ADRS) has a program that provides transition services for these individuals? For more information on any of the following, please contact Tammy Adams, ADRS state coordinator of Deaf Services, at 1-800-441-7607 or tadams@rehab.state.al.us.

LIFE Project

Grant funding through the Workforce Investment Act is helping ADRS Deaf Services provide transition services for youth who are deaf or hard of hearing. Job coaches work with local school systems to identify students who are deaf or hard of hearing, provide training in basic job readiness skills and assist the students in obtaining work experience after school or in the summer. The job coaches may also be a resource for information on accommodations and services to deaf or hard of hearing youth and their families.

Transition Committee for Youth Who Are Deaf or Hard of Hearing

This interagency committee is working on a resource guide that will assist consumers, parents, educators and others in finding resources and services available to individuals in Alabama who are deaf and hard of hearing. Members of this committee include representatives from Vocational Rehabilitation Service, Children's Rehabilitation Service, Early Intervention, the Alabama Ear Institute, the Alabama Institute for Deaf and Blind, post secondary education, community rehabilitation programs, and consumers.

Websites

www.deafalabama.org, (issues related to deafness)

www.hohalabama.org (issues related to hearing loss)

CRS Celebrates the Holidays

.....

Santa Claus! Refreshments! Gift bags filled with goodies! Face painting! Door prizes for everyone! Sounds like a party...well that is exactly what it was. Each year the Gadsden CRS office holds a special Christmas party for clients and their families. This year Santa Claus stopped by and handed out gift bags that were graciously donated by CRS physicians and vendors. Each child had the opportunity to get their photo made with Santa and enjoy refreshments that were donated by the staff of CRS. Over 100 people were in attendance at this year's party, including our special guest Representative Jack Page.

One family was quoted as saying, "This is the best party ever. My child never gets invited to Christmas parties because of his disability. I am so grateful that CRS is willing to do this for my child."

In the picture on the right, clockwise around Santa, are Christopher Ball, Tiffany Plott, Representative Jack Page, Samantha Griffin and Jalen Carroll.



The Huntsville CRS office celebrated with a Christmas party on December 18, 2003. Each child received gifts, candy and refreshments. The children had a great time and even sang for Santa. Every year, the party is provided by our friends at SANMINA-SCI Huntsville.

In the picture on the left, John Thomas Hale receives his gift from Santa.



Early Childhood Speech Patterns

The speech language pathologists often receive questions in the CRS clinics and from Early Intervention sources about preschool children who have begun to stutter during their speech attempts. The child's speech is described as a repetition of sounds, words or phrases, together with "uh" or "um." Then, the child might change what has already been said or give extra emphasis or incorrect timing to certain words. Most families and other caregivers refer to these repetitions or interruptions as *stuttering*, but during the early years such speech patterns are fairly common and are referred to as *dysfluencies*. It is important to note, however, that if the parent continues to notice some of these patterns for eight to ten months or longer, and the condition hasn't shown improvement, the child may be starting to stutter.

True stuttering in the early stages may involve tension and struggle when saying words, prolonging the first sound of many words, changing loudness or pitch when saying words and repeating the first sound or syllable of words. Many children stutter for a while and then just seem to "grow out of it," while others remain about the same or become progressively worse. Unfortunately, this last group of children begin to consider their speaking as a difficult, frustrating task. Eventually seeing themselves as stutterers, they try to avoid speaking in order to avoid the stress the stuttering causes them. This may signal the need for a speech and language screening, or even a complete evaluation.

How listeners respond to a child's speech is very important. Many clinicians work with parents rather than the child to build a foundation for fluent speech. For the elementary youngster, the approach for the speech therapist is to help the child look at talking as easy and enjoyable, rather than dreaded and difficult.

What can parents and clinicians do to help the child who stutters?

1. Be a good speech model for the child.

You may have noticed that your child seems to hurry when talking. Repetitions at the beginning of words may get faster as he/she tries harder. Even specific words may cause problems, and the child may tense the muscles around the mouth or change facial expressions. Although it may seem as if it's the natural thing to do to tell the child to slow down and relax, such "helpful hints" may

call greater attention to the problem and frustrate him/her. The child may not even know what it feels or sounds like to "slow down" or "relax," and his efforts to follow through on your suggestions may just worsen the situation.

As good speech models, the parents and speech clinician should use the same speech patterns they want the child to use. They should speak slowly and easily, without tension or frustration in their voices. They are, in a sense, "practicing what they preach," and are setting



good examples. Avoid suggesting "to slow down, relax, start again or take a breath;" and try not to discuss the "problem" with other adults when in the presence of the child. Listen patiently when he/she is talking and do not provide the missing word(s) on which the child is hesitating.

Once this approach is undertaken by the family, such patience should be encouraged in all persons with whom he/she interacts regularly. The basic idea is to refrain from reminding the child that the speech needs to be "fixed." The clinician's goal is for the child to begin to behave like the speech model. Some clinicians may even model relaxed unhurried dysfluencies for the child, to demonstrate that other people are sometimes dysfluent, too.

2. Increase the length of sentences and their complexity gradually.

Perhaps you've seen your child become more dysfluent when using longer, more complicated phrases and sentences. The extra concentration needed may cause more breaks in the flow of speech. Therapy can help children remain fluent as they increase the length and complexity of their sentences. The therapy program is a step-by-step procedure. The child is required to reach a certain level of success before moving to the next step in the program. The early steps may involve saying one word to name a picture or to imitate the clinician's speech. Later steps require the child to say longer more complicated sentences that require more "concentration"

(Continued on page 10.)

From Our Readers...

Prom Night

I choose them carefully,
Like any good mother would.

This magical night of her dreams,
Moonlight and kisses
I ready the mask and bandage the wound on my heart.
I knew this day would come, but not this soon.

Black and shiny like pools of cold still water,
They scream of all I could not change.
I place them on her feet,
Snaking them over the plastic braces,
Knowing they will return at the witching hour,
Just as shiny,
Just as new.

You look beautiful.
Have a great time,
Be in by midnight.
Just like any dance,
Just like any girl,
She returns
Heart bursting with laughter and chatter.

Let me help you.
I pull them off
Just as shiny,
Just as new.
In their reflection
My bittersweet smile,
The mask I wear.



Kathie Basten
Mount Pleasant, South Carolina



Kathie Basten and her husband, Jon live in Mount Pleasant, South Carolina with their daughters Abbie, 17 on the left and Molly, 15 on the right. Molly was born with spina bifida. The girls attend Bishop England High School in Mount Pleasant.



A Smile For You



Smiling is infectious; you catch it like the flu,
When someone smiled at me today, I started smiling too.
I passed around the corner and someone saw my grin.
When he smiled I realized I'd passed it on to him.
I thought about that smile, then I realized its worth.
A single smile, just like mine could travel around the earth.
So, if you feel a smile begin, don't leave it undetected.
Let's start an epidemic quick and get the world infected!



(Speech Patterns continued from page 9.)

and coordination of the speech muscles. Fluent speech is always rewarded at each step of the program.

3. Teach the child to say words in a new way.

Most people repeat, become tense or prolong the first sound of a word or syllable whenever they stutter on a word. Fluency improves in children when they learn to make certain adjustments at the beginning of words. For example, if the child overcomes tensing the muscles at the beginning of words, he/she can learn to stutter less. Even releasing a little breath of air through the throat and mouth before beginning to speak a word helps many stutterers start words fluently. The goal is to help the child develop confidence by using an approach that lessens the dysfluency patterns.

Dennis Shows, Program Specialist Speech Pathology

Reference: "Stuttering: Early Intervention Therapy"

By Daniel DeJoy

-





CRS Parent Connection

Children's Rehabilitation Service
Alabama Department of Rehabilitation Services
2129 East South Blvd.
Montgomery, AL 36116

PRESORTED
STANDARD
U.S. POSTAGE PAID
Montgomery, AL
Permit No. 109



Out What's Ahead

- | | |
|----------------------|--|
| March 26, 2004 | Tuscaloosa PAC; 6:30 p.m., University Church of Christ; Contact: Vivian Spears, vspears@rehab.state.al.us |
| April 22, 2004 | Tuscaloosa PAC; 6:30 p.m.; University Church of Christ; Contact: Vivian Spears, vspears@rehab.state.al.us |
| April 25-29, 2004 | Immersion Learning About Self-Determination; Atlanta, GA; Contact: Pat Carver 810-231-6364, pcarver@chartermi.net or www.self-determination.com |
| May 21, 2004 | ACDD Annual Council Meeting; 9:00 a.m.; location to be announced; Call 1-800-232-2158 if you are interested in presenting comment regarding developmental disability issues in Alabama. |
| November 2, 2004 | Presidential Election |
| November 16-17, 2004 | EI & Preschool Conference; Call for presentations-deadline March 2004. For more information, contact Jeri Hughes, 205-823-9226, JBH50@aol.com . |